The Crawford Foundation

P.O. Box 134
Easton, MD
21601

February, 1989 (Revised)

Thank you for your interest in -

CRAWFORD HOUSE, 514-516 GOLDSBOROUGH STREET, EASTON, MARYLAND

A RESIDENTIAL FACILITY FOR RECOVERING ALCOHOLICS

1. What Crawford House is and, equally important, what it is not.

   In reverse order, Crawford House is not a detox unit, a rehab unit, a halfway house, a long term care facility...or any other type of supervised care facility.

   Rather, Crawford House is a non-profit, self-supporting, self-governing residence...a place for the recovering alcoholic to live as a member of the resident group in a homelike setting. There are no staff supervisors, few rules, few restrictions. Residents may live here as long as they wish in company with others who have the same life-goal...recovery from alcoholism and continuing growth in sobriety.

   Crawford House is patterned after the outstandingly successful Oxford Homes of Washington, D.C.

   Each resident has his own sleeping area; some are shared double rooms, some single. Living areas for reading, relaxing, watching TV, meal preparation and dining are communal...shared by all. These living areas are on the ground floor and also include full bath and laundry facilities. All bedrooms are on the second floor along with another full bath.

   A broad front porch and private rear yard for cookouts, sunning, gardening or just fresh air complete the facility.

   Crawford House is located at 514-516 Goldsborough Street, Easton, Maryland 21601...easy walking distance to employment sources, A.A. and other 12-step program meetings, shopping and churches.

2. Admission to Crawford House...is by application and interview only. Application forms are available through county health department alcoholism counselors, rehab units or by writing us direct at the above address. You may also contact individuals listed later in this literature. Each applicant will be quickly and carefully reviewed. The individual will receive a prompt reply as to acceptability and when space may be available.

3. Applicant requirements...a minimum of 30 days of sobriety and an individual desire to grow in sobriety and responsibility. That's all!

   Experience indicates that residents should be at least 25 years old. Individuals under that age but with longer periods of sobriety will be considered as special cases.

4. Cost...is minimal. $60.00 per week for bed and the full facilities of the house. Each resident will be expected to purchase and prepare his own food as well as to provide personal housekeeping needs. Routine household needs will be purchased from rental income.

   Each new resident should expect to pay one week's rent in advance upon moving in and to maintain prompt and regular weekly rent payments after that.

   Special cases where this requirement may create a problem will be individually handled.

5. Employment...Each new resident will be expected to find work within two weeks after moving in. Local employers and A.A. members stand ready to assist. But the initiative for job-finding must rest upon the individual.

6. What to bring? Anything to make individual living more homelike and comfortable. Obviously, no booze, drugs (including pot), pills, firearms or pets. (Sorry, no ladyfriends either!)

7. Now, about the House Rules...and there must be some. They are minimal but be assured they are **FIRM:**

   1. No drinking, in or out of the House.
   2. No drug use, in or out of the House, including pot.
   3. No disruptive behavior...within which is included non-payment or arrearage of rent, also personal behavior towards other residents or neighbors.

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Upon vote of the entire resident group, any individual in violation of any of these rules, or even <u>suspected</u> of violation, may be asked to leave...<u>immediately.</u>

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There are no other rules except those of normal living. Accomodate one another. Keep the house and grounds neat and clean. Be good neighbors to the neighborhood. Show the same respect for others you would expect them to show to you. Simple enough?

8. Is A.A. attendance mandatory...No. But it sure is strongly suggested and recommended. Members of local A.A. groups are waiting to offer a helping hand. Also, meeting attendance as recommended by alcohol or drug abuse counselors should be followed.

9. Completed applications...should be mailed to -

Crawford House
c/o Crawford Foundation
P.O. Box 134
Easton, Maryland 21601

For further information please feel free to contact:

Mr. George Ingersoll — 301-476-3420 H
Rt. 2, Box 114A — 301-820-6583 B
Trappe, Maryland 21673

Mr. Burton F. Davis — 301-820-7639 H
Rt. 5, Box 200
Glebe Villa
Easton, Maryland 21601

Mr. Maurice Porter — 301-482-8235 H
Rt. 1, Box 368
Greensboro, Maryland 21639

APPLICATION FOR MEMBERSHIP IN CRAWFORD HOUSE

1. Print Name (last, first, middle) 2. Date of Birth (month, day, year)

3. Current Address: (street)

(city) (state) (zip)

4. Telephone where you can be reached: (H) ( ) ( )
(W) ( ) ( )

5. Are you an alcoholic? ____Yes ____No

6. Are you addicted to other drugs? ____Yes ____No If "yes" list what drugs you have used in the last three year period:

7. Have you been through a rehabilitation facility? ____Yes ____No

(If yes, list where and when):

8. Date of last drink? ( ) Date of last drug? ( )

9. When did you attend your first A.A. Meeting? ( )

10. How many A.A. Meetings do you now attend each week? ( )

11. Do you want to stop drinking or using and stay stopped? ____Yes ____No

Reminder: we will not release the following financial and employment information but need to know it to evaluate whether you can pay your weekly Crawford House share.

12. Are you now employed ____Yes ____No If "yes" list where on back of form

13. Are you now getting welfare, pension or any other regular income? ___Yes ___No If "yes" give source and amount on the back of this form.

14. If you do not have a job will you get one? Yes No (explain on back)

15. What is your monthly income--right now $_____

16. What do you expect it to be next month? $_____

17. Martial Status: Single Married Separated Divorced

18. List on the back of this form the name, address, and telephone number of two people, either of whom Crawford House should contact in case of an accident or other emergency. Also, if you have one, list your medical doctor and phone number

19. Do you take a prescription drug? ___Yes ___No If "yes", what?

20. I have read the item above my signature on this application and understand that if accepted in a Crawford House, I agree to the terms in that item including the waiver of any landlord-tenant rights I might have for occupancy of a room in Crawford House. I understand that I fully subject myself to the rules of the House.

The nature of Crawford House requires expulsion, without notice, of any resident member who is found by majority vote of the house membership to be using either alcohol or drugs. Use, disruptive behavior or nonpayment of fees can lead to immediate eviction.

SIGNATURE: **DATE:**

Employment:

Current Employer:_____ Type of Work:_____

Past Employment: 1._____ Type of Work:_____

2._____ Type of Work:_____

3._____ Type of Work:_____

If not now employed, what type of work can you do and where will you seek a job? _____

_____

Income sources other than employment (list sources, amount and how often you receive them)

_____

_____

_____

Personal Contacts:

For emergency:_____

_____

_____

For medical: _____

_____

_____

Other (A.A. sponsor, clergy, etc.)_____

_____

_____

Other notes or information pertinent to this individual.

_____

_____

_____

_____

_____

Mail completed application to: Crawford House
C/O The Crawford Foundation
P.O. Box 134
Easton, Maryland 21601

Crawford House representatives hereby have my permission to discuss my progress in sobriety with my counselor(s) at _____ _____ provided no confidential personal data is released to them.

_____

Applicant Signature Date